

2004

wellness

Adult Wellness Guidelines

These are suggested guidelines for asymptomatic, low-risk persons, unless indicated otherwise.

These suggestions should not be used as a substitute for the medical care and advice of your physician.

Benefit plans may not cover these services.



www.bcbstx.com



**BlueCross BlueShield
of Texas**

2004

Adult Wellness Guidelines

Immunizations

	Tetanus/ Diphtheria ¹	Measles/ Mumps/Rubella ²	Influenza	Pneumococcal ³	Hepatitis B ⁴
Ages 18-39 years	every 10 years, after primary series				✓
Ages 40-49 years	every 10 years				
Ages 50-64 years	every 10 years		yearly		
Ages 65+ years	every 10 years		yearly	age 65	

1) A single Td booster at age 50 is a second option for persons who have completed the full pediatric series, including the teenage/young adult booster. **2)** Adults born in or after 1957 should receive at least one dose of MMR unless they have medical contraindications, documentation of at least one dose of MMR, or other acceptable evidence of immunity. **3)** Should receive a 2nd dose if previous dose received ≥ 5 yrs and were ≤ 65. Elderly person with unknown vaccination status should receive one dose of vaccine. **4)** Offer series to unimmunized persons 24 years of age and younger with no reliable history.

Preventive Medicine

		Ages 18-39	Ages 40-49	Ages 50-64	Ages 65+
Cholesterol Screening	Men & Women	starting at age 20 every 5 years	every 5 years	every 5 years	every 5 years
Blood Pressure	Men & Women	every 2 years	every 2 years	every 2 years	every 2 years
Weight	Men & Women	every 1-3 years	every 1-3 years	every 1-3 years	yearly
Hearing and Vision	Men & Women			60+ yearly	yearly
Stool for Occult Blood	Men & Women			yearly	yearly
Flexible Sigmoidoscopy or Colonoscopy ¹	Men & Women			Flexible Sigmoidoscopy 50+ every 5 years or Colonoscopy every 10 years	
Testicular Exam ²	Men	yearly			
Clinical Prostate Exam/PSA ³	Men			yearly	yearly
Bone Mineral Content ⁴	Women				once
Clinical Breast Exam/ Teach Breast Self-Exam (BSE)	Women	20+ every 1-3 years	yearly	yearly	yearly
Mammogram ⁵	Women		yearly	yearly	yearly
Pap Smear	Women	Yearly, starting no later than 21 years of age. After three or more consecutive normal results, Pap smears may be performed every 2-3 years on low-risk women at the clinician's discretion.			≥ 70 ⁶

1) May be performed earlier at clinician's discretion. **2)** Promote awareness of testicular cancer during physical examinations. **3)** Prostate Specific Antigen. **4)** Offer screening to all women 65 years of age and older. **5)** May be performed earlier at clinician's discretion. **6)** Women ≥ 70 years of age with 3 or more normal consecutive Pap results and no abnormal Pap test results in the last 10 years may choose to stop screening.

At-Risk Interventions

Measles, Mumps, Rubella		A second dose of MMR is recommended for adults who: Are recently exposed to measles or are in an outbreak setting; were previously vaccinated with killed measles vaccine; were vaccinated with an unknown vaccine between 1963 and 1967; are students in post-secondary educational institutions; work in health care facilities; or plan to travel internationally. Mumps component: 1 dose of MMR should be adequate for protection. Rubella component: Give 1 dose of MMR to women whose rubella vaccination history is unreliable and counsel women to avoid pregnancy for 4 weeks after vaccination. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel regarding congenital rubella syndrome.
Influenza	age 18-49	Yearly, based on clinical assessment to include all adults with chronic disorders of the pulmonary or cardiovascular systems, including all asthmatics; all adults who require medical follow-up or hospitalization during the preceding year because of chronic metabolic disease, including diabetes mellitus; renal dysfunction; hemoglobinopathies or immunosuppression, including immunosuppression caused by medications or by HIV.
Pneumonia	age 18-64	One time dose to include all persons with medical conditions that increase the risk of pneumococcal infection (for example, diabetes mellitus, renal failure, chronic liver disease {cirrhosis}, alcoholism, significant chronic cardiac or pulmonary disease {excluding asthma}, anatomic or functional asplenia {lack of or non-functioning spleen}, and conditions associated with immunosuppression.) (NOTE: Revaccination may be required if the person is 65 yrs of age, high risk, and 5 or more years have passed since the initial vaccination.)
Hepatitis A Vaccine	all ages	Vaccination is recommended to persons traveling to or working in countries that have high or intermediate rates of Hepatitis A; men who have sex with men; illegal drug users; or persons who have occupational risk for infection, chronic liver disease, or clotting-factor disorder.
Hepatitis B Vaccine	all ages	Vaccination is recommended for adults at increased risk of occupational, social, family, environmental, or illness-related exposure to Hepatitis B virus (HBV).
Tuberculosis (TB) Skin Testing	all ages	Based on clinical assessment.
Clinical Prostate Exam/Prostate Specific Antigen (PSA)	age 45-49	Based on clinical assessment.
Blood Glucose	age 45+	Screen high-risk individuals every 3 years.
Bone Mineral Content	age ≥ 60	Begin routine screening for women at increased risk for osteoporotic fractures.
STD Screening (Chlamydia, Gonorrhea, Syphilis)	all ages	Screen individuals who have new or multiple sex partners, have a history of STDs and/or non-use or inconsistent use of barrier contraceptives, and persons who exchange sex for money.
HIV	all ages	Testing for HIV should be offered to all individuals, whose behavior puts them at risk for infection, including individuals seeking evaluation and treatment for STDs.

All adults should be provided counseling regarding tobacco use, nutrition, exercise, dental health, sexual behavior, domestic violence, depression, substance abuse, and accident/injury prevention.

Current Guideline References

Tetanus/Diphtheria

18-39 — Every 10 years after primary series. 40 and older — Every 10 years. A single Td booster at age 50 is a second option for persons who have completed the full pediatric series, including the teenage/young adult booster.
ACIP

Measles/Mumps/Rubella

18-49 — Adults born in or after 1957 should receive at least one dose of MMR unless they have a medical contraindication, documentation of at least one dose, or other acceptable evidence of immunity.
ACIP

Influenza

50 and older — Yearly.
ACIP

Pneumococcal

Age 65. Should receive a 2nd dose if previous dose received ≥ 5 yrs and were ≤ 65. Elderly person with unknown vaccination status should receive one dose of vaccine.
ACIP

Hepatitis B

≤ 24 yrs of age — Offer series to unimmunized persons with no reliable history.
ACIP — Offer series to high-risk individuals.

Cholesterol Screening

Every 5 years.
NCEP of the NHLBI, ACP
AAFP, USPSTF — Males 35-65 yrs of age and females 45-65 yrs of age should be screened periodically.

Blood Pressure

At least every two years.
NHLBI — At least every two years for adults with a diastolic blood pressure (BP) below 85 mm Hg and a systolic BP below 130 mm Hg. At least annually if BP is greater than these levels.
AAFP, USPSTF — Measure periodically for all patients > 21 years of age.
ACP — Annually for patients ≥ 20 years of age.

Weight

To age 64 — Every 1-3 years; 65 and older — yearly.
AAFP, USPSTF — Periodically at clinician’s discretion.

Hearing

60 and older — Yearly.
AAFP, USPSTF — 65 and older. Frequency at clinician’s discretion.

Vision

60 and older — Yearly.
AAFP, USPSTF — Vision testing with Snellen acuity testing recommended for older adults.
AAO — All individuals age 40-64 every 2-4 years, 65 and older every 1-2 years.
NEI — African American 40+ every 2 years; All 60+ every 2 years; Diabetics yearly.

Stool for Occult Blood

50 and older — Yearly.
ACS, AGA, AAFP
AAFP — Also recommends annual screening starting at age 40 if family history of early colorectal cancer.
USPSTF — Screening recommended for all persons 50 yrs of age, no periodicity recommended.

Flexible Sigmoidoscopy

50 and older — Every 5 years based on clinical assessment.
ACS — 50 yrs of age and older — Every 5 years for patients at normal risk.
USPSTF — Screening recommended for all persons 50 yrs of age, no periodicity recommended.

Colonoscopy

50 and older — Every 10 years. May be performed earlier at clinician’s discretion.
ACS

Testicular Exam

Males 18-39 years of age. Promote awareness of testicular cancer during physical examinations.
ACS

Clinical Prostate Exam

Males 50 and older — Yearly.
ACS, AUA

Prostate Specific Antigen (PSA)

Males 50 and older — Yearly.
ACS, AUA — Males 50 and older, yearly with life expectancy of 10 years or more.

Bone Mineral Content

Offer screening to all women 65 years of age and older.
NOF, USPSTF

Clinical Breast Exam/Teach Breast Self-Exam (BSE)

Females 20-39 — Every 1-3 years; 40 and older — every year.
ACS — Promote awareness of BSE in females 20 yrs of age and older; Clinical breast exam 20-39 yrs of age every 3 years, 40 and older every year.

Mammograms

Females 40 and older — Yearly. May be performed earlier at clinician’s discretion.
ACS, AAFP
USPSTF, NCI — Every 1-2 years for 40 and older.

Pap Smears

Females — All women should begin annual cervical cancer screening about 3 years after they begin vaginal intercourse, but no later than 21 years of age. Beginning at age 30, women who have had 3 normal test results in a row may be screened every 2 to 3 years. Women 70 years of age or older with 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop screening.
ACS — Also recommends: Women who have had a total hysterectomy may choose to stop screening, unless the surgery was for cervical cancer or pre-cancer. However, women who have had a hysterectomy without removal of the cervix should continue to follow the above guidelines. Women with certain risk factors such as diethylstilbestrol exposure before birth, HIV infection, or a weakened immune system should be screened annually and should continue screening as long as they are in good health.

Measles/Mumps/Rubella (At-Risk Intervention)

Based on clinical assessment.
ACIP

Influenza (At-Risk Intervention)

Ages 18-49 — Yearly.
ACIP

Pneumococcal (At-Risk Intervention)

Ages 18-64 — Once.
ACIP

Hepatitis A Vaccine (At-Risk Intervention)

Based on clinical assessment.
ACIP

Hepatitis B Vaccine (At-Risk Intervention)

Based on clinical assessment.
ACIP

Tuberculosis (TB) Testing (At-Risk Intervention)

Based on clinical assessment.
CDC, AAFP — Suggest high-risk as well, but no frequency is indicated.

Prostate Specific Antigen (PSA) (At-Risk Intervention)

Males Age 45-49 — Yearly.
ACS
AUA — Males over 40 years of age identified as high-risk.

Blood Glucose (At-Risk Intervention)

45 and older — Screening of high-risk individuals every 3 years.
ADA

Bone Mineral Content (At-Risk Intervention)

Women age ≥ 60.
AAFP, USPSTF — Begin routine screening for women at increased risk for osteoporotic fractures.
NOF — All women 65 and over; less than 65 with one or more risk factors for osteoporosis in addition to menopause.

STD Screening (At-Risk Intervention)

Based on clinical assessment.
CDC, AAFP

HIV (At-Risk Intervention)

Based on clinical assessment.
CDC, AAFP

Reference Sources

AAFP:	American Academy of Family Physicians	CDC:	Centers for Disease Control and Prevention
AAO:	American Academy of Ophthalmology	NCEP:	National Cholesterol Education Program
ACIP:	Advisory Committee on Immunization Practices	NCI:	National Cancer Institute
ACP:	American College of Physicians	NEI:	National Eye Institute
ACS:	American Cancer Society	NHLBI:	National Heart, Lung, and Blood Institute
ADA:	American Diabetes Association	NOF:	National Osteoporosis Foundation
AGA:	American Gastroenterological Association	USPSTF:	U.S. Preventive Services Task Force
AUA:	American Urological Association		

BCBSTX recommendations in **BLUE**. Reference source citations/recommendations in **BLACK**.